



AIRWAY OBSTRUCTION - ADULT

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Universal sign of distress.
2. Alteration in respiratory effort and/or signs of obstruction.
3. Altered level of consciousness.

BLS INTERVENTION - RESPONSIVE

1. Assess for ability to speak or cough (e.g. "Are you choking?").
2. If unable to speak, administer abdominal thrusts/Heimlich maneuver or chest thrusts for pregnant or obese patients until the obstruction is relieved or patient becomes unconscious.
3. After obstruction is relieved, reassess and maintain ABC's.
4. Administer oxygen therapy; if capable obtain O2 saturation, per Protocol Reference #10170, Pulse Oximetry.
5. If responsive, place in position of comfort. If uninjured but unresponsive with adequate respirations and pulse, place on side in recovery position.

BLS INTERVENTION - UNRESPONSIVE

1. Position patient supine (for suspected trauma, maintain in-line axial spinal stabilization).
2. Open airway with, head tilt-chin lift (for suspected trauma use jaw thrust). Remove object if visible. Assess for presence and/or effectiveness of respiration for no more than ten (10) seconds.
3. If apneic, attempt two (2) ventilations with bag-valve mask. If no chest rise, reposition airway and reattempt.
4. If apneic and able to ventilate, provide one (1) breath every five (5) to six (6) seconds.

5. If unable to ventilate, check for pulse then initiate CPR according to AHA 2005 guidelines and check for pulse every two (2) minutes until obstruction is relieved or able to ventilate.
6. If available, place AED per Protocol Reference #10130 AEMT.

LIMITED ALS INTERVENTION – UNRESPONSIVE

1. If apneic and able to ventilate, establish advanced airway.
2. Establish vascular access as indicated.